

SERIAL NUMBER <p style="text-align: center;">09/412,558</p>	FILING DATE <p style="text-align: center;">10/05/99</p>	CLASS <p style="text-align: center;">530 536</p>	GROUP ART UNIT <p style="text-align: center;">1645 1645</p>	ATTORNEY DOCKET NO. <p style="text-align: center;">08919/022001</p>						
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">APPLICANT</div> <div> <p>JUALANG HWANG, TAIPEI, TAIWAN; CHIA-TSE HSU, TAINAN, TAIWAN; CHUN-JEN TING, HSINCHU, TAIWAN.</p> <p>**CONTINUING DOMESTIC DATA***** VERIFIED <u>None</u></p> <p>**371 (NAT'L STAGE) DATA***** VERIFIED <u>None</u></p> <p>**FOREIGN APPLICATIONS***** VERIFIED <u>None</u></p> </div> </div>										
<p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/27/99 ** SMALL ENTITY **</p>										
<table style="width:100%; border: none;"> <tr> <td style="border: none; font-size: small;"> For Ign Priority claimed 35 USC § 19 (a-d) conditions met </td> <td style="border: none; font-size: small;"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance </td> <td style="border: none; font-size: small;"> STATE OR COUNTRY TWX </td> <td style="border: none; font-size: small;"> SHEETS DRAWING 3 </td> <td style="border: none; font-size: small;"> TOTAL CLAIMS 23 </td> <td style="border: none; font-size: small;"> INDEPENDENT CLAIMS 1 </td> </tr> </table>					For Ign Priority claimed 35 USC § 19 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TWX	SHEETS DRAWING 3	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 1
For Ign Priority claimed 35 USC § 19 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TWX	SHEETS DRAWING 3	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 1					
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">ADDRESS</div> <div> <p>Y ROCKY TSAO FISH & RICHARDSON PC 225 FRANKLIN STREET BOSTON MA 02110-2804</p> </div> </div>										
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">TITLE</div> <div> <p>PEPTIDE REPEAT IMMUNOGENS</p> </div> </div>										
FILING FEE RECEIVED <p style="text-align: center;">\$407</p>	<table style="width:100%; border: none;"> <tr> <td style="border: none;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: </td> <td style="border: none; vertical-align: top;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit				
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